

CLAIMS ONLY						Application Number 101614015		Filing Date :
	Applicant(s)							
<i>* May be used for additional claims or amendments</i>								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	X							
2	X							
3	X							
4	X							
5	X							
6	X							
7	X							
8	X							
9	X							
10								
11								
12								
13								
14								
15								
16	X							
17	X							
18	X							
19	X							
20	X							
21	X							
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
Total Indep.	7							
Total Depend.	17							
Total Claims	24							
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								

BEST AVAILABLE COPY